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L2 and cancer	6

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<u>L2</u>	L1 and erythropoietin	20	<u>L2</u>
<u>L1</u>	anagnostou or sigounas	73	<u>L1</u>

END OF SEARCH HISTORY

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(FILE 'HOME' ENTERED AT 06:42:08 ON 13 MAR 2002)

INDEX 'ADISALERTS, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, AQUASCI, BIOBUSINESS, BIOCOMMERCE, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA, CANCERLIT, CAPLUS, CEABA-VTB, CEN, CIN, CONFSCI, CROPB, CROPU, DDFB, DDFU, DGENE, DRUGB, DRUGLAUNCH, DRUGMONOG2, ...' ENTERED AT 06:42:24 ON 13 MAR 2002

SEA ERYTHROPOIETIN (25W) (CANCER OR TUMOR OR TUMOUR) AND TREAT?

14 FILE ADISALERTS
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8 FILE LIFESCI
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1 FILE NIOSHTIC
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11 FILE PHIN
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275 FILE USPATFULL
33 FILE WPIDS
33 FILE WPINDEX

L1 QUE ERYTHROPOIETIN (25W) (CANCER OR TUMOR OR TUMOUR) AND TREAT?

FILE 'USPATFULL, CANCERLIT, EMBASE, MEDLINE, DRUGU, BIOSIS, SCISEARCH, BIOTECHNO, TOXCENTER, CAPLUS, PASCAL, ESBIODBASE, TOXLIT, DGENE, PROMT, WPIDS, JICST-EPLUS, ADISALERTS, BIOTECHDS, CIN, PHIN, ADISNEWS, LIFESCI, CONFSCI, IFIPAT, BIOCOMMERCE, DRUGNL, ...' ENTERED AT 06:45:05 ON 13 MAR 2002

L2 1598 S ERYTHROPOIETIN (15W) (CANCER OR TUMOR OR TUMOUR) AND TREAT?
L3 773 S L2 AND ERYTHROPOIETIN (15W) (TREAT? OR MODUL? OR ADMINIS?)
L4 384 DUP REM L3 (389 DUPLICATES REMOVED)
L5 2 S (ANAGNOSTOU OR SIGOUNAS) AND ERYTHROPOIETIN
L6 2 DUP REM L5 (0 DUPLICATES REMOVED)

L7

1 S ABELS AND ANEMIA(25W) CANCER

INDEX 'ADISALERTS, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, AQUASCI,
BIOBUSINESS, BIOCOMMERCE, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA,
CANCERLIT, CAPLUS, CEABA-VTB, CEN, CIN, CONFSCI, CROPB, CROPU, DDFB,
DDFU, DGENE, DRUGB, DRUGLAUNCH, DRUGMONOG2, ...' ENTERED AT 07:36:51 ON
13 MAR 2002

SEA RECOMBINANT HUMAN ERYTHROPOIETIN IN THE TREATMENT OF ANEMIA

28 FILE BIOSIS

0* FILE BIOTECHABS

FILE 'BIOSIS' ENTERED AT 07:42:28 ON 13 MAR 2002

L8

28 S RECOMBINANT HUMAN ERYTHROPOIETIN IN THE TREATMENT OF ANEMIA

L9

28 DUP REM L8 (0 DUPLICATES REMOVED)

L4 ANSWER 4 OF 5 DRUGU COPYRIGHT 2004 THOMSON DERWENT on STN DUPLICATE 3
 AN 1995-07226 DRUGU T S
 TI Phase IV evaluation of clinical outcomes of **Procrit** (Epoetin alfa) in anemic cancer patients receiving chemotherapy.
 AU **Bukowski R**; Glaspy J; Steinberg D; Taylor C W; Vadhan Raj S; Danna R P; Sarokhan B; Lonczak L; McNeill M
 CS Cleveland-Found.; Univ.Southern-California; Harvard-Med.Sch.; Arizona-Cancer-Cent.; M.D.Anderson-Cancer-Cent.; Ortho-Biotech.
 LO USA
 SO Blood (84, No. 10, Suppl. 1, 129a, 1994) 2 Tab.
 CODEN: BLOOAW ISSN: 0006-4971
 AV The Cleveland Clinic Foundation, Cleveland, OH, U.S.A.
 LA English
 DT Journal
 FA AB; LA; CT
 FS Literature
 AB S.c. **Procrit** (epoetin-alpha, human erythropoeitin) reduced the number of patients requiring blood transfusions in a phase IV study involving 2030 cancer patients with anemia treated with chemotherapy regimens containing cisplatin, carboplatin or non-platinum drugs. Energy level, activity level and overall quality of life improved after **Procrit** therapy. The improvement in quality of life parameters correlated directly with change in Hb from baseline. **Procrit** was well tolerated. 22% Patients withdrew due to intercurrent illness, adverse events, or death. This study confirmed the results of previously conducted controlled clinical trials. As before, **Procrit** -treated anemic cancer patients experienced improved energy level, activity level and overall well-being. In addition, transfusion requirements were reduced and Hb was increased. (conference abstract).
 ABEX Methods 2030 Patients with various tumor types including hematologic (23%) and non-hematologic (77%) who were receiving concomitant chemotherapy regimens cisplatin (n = 441), carboplatin (n = 355), non-platinum (n = 1224) and none (n = 10) were treated with s.c. **Procrit** (150 U/kg 3 times/wk). If the response was not satisfactory after 8 wk of therapy, the dose was increased up to 300 u/kg 3 times/wk for a total treatment duration of up to 4 mth. Results Energy level, activity level and overall quality of life improved (38%, 32%, 24% improvement, respectively). The improvement in quality of life parameters correlated directly with change (1.7 g/dl) in Hb from baseline. During the 4 mth period prior to study start, 37% of the patients required transfusions. At the completion of the 4 mth study with **Procrit** therapy, only 10% of the patients required transfusions. Of those patients who required a transfusion at baseline, 58% became transfusion independent after the 1st mth of the study. 57% Of the patients did not require a transfusion at any time (baseline through termination) during the study. Of the 2030 patients, 59% completed the 4 mth study or achieved an increase in Hb prior to study end, while 22% were discontinued due to intercurrent illness, adverse events, or death (none of the deaths were reported to be drug related) and 19% for other reasons. (Y161/ECB)

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L4 ANSWER 376 OF 384 TOXCENTER COPYRIGHT 2002 ACS
 AN 1992:64760 TOXCENTER
 CP Copyright 2002 BIOSIS
 DN BA93:19497
 TI **TREATMENT OF CHEMOTHERAPY-INDUCED ANEMIA WITH RECOMBINANT HUMAN ERYTHROPOIETIN IN CANCER PATIENTS**
 AU PLATANIAS L C; MILLER C B; MICK R; HART R D; OZER H; MCEVILLY J-M; JONES R J; RATAIN M J
 CS DEP. MED., BOX 420 UNIVERSITY CHICAGO, 5841 S. MARYLAND AVE., CHICAGO ILL, USA.
 SO J CLIN ONCOL, (1991) 9 (11), 2021-2026
 CODEN: JCONDN. ISSN: 0732-183X.
 FS BIOSIS
 OS BIOSIS 1992:30222
 LA English
 ED Entered STN: 20011116
 Last Updated on STN: 20011116
 AB Thirty patients with chemotherapy-induced anemia were **treated** with recombinant human erythropoietin for 4 weeks. In this dose-escalation study, cohorts of five to eight patients were **treated** per dose level. The doses of erythropoietin were 25, 50, 100, 200, or 300 IU/kg/d given intravenously for 5 days each week. Of 30 patients, 15 (50%) had a greater than 10% increase of their hemoglobin (Hb) values and were considered responders. At the two highest dosae levels, 11 of 13 patients (85%) responded. In the 15 responding patients, the mean Hb level increased by 1.7 g/dL from baseline compared with an average decrease of 1.5 g/dL in the previous cycles of chemotherapy without **erythropoietin administration**. Recombinant human **erythropoietin** is effective in ameliorating chemotherapy-induced anemia when **administered** in adequate doses.
 TI **TREATMENT OF CHEMOTHERAPY-INDUCED ANEMIA WITH RECOMBINANT HUMAN ERYTHROPOIETIN IN CANCER PATIENTS**
 AB Thirty patients with chemotherapy-induced anemia were **treated** with recombinant human erythropoietin for 4 weeks. In this dose-escalation study, cohorts of five to eight patients were **treated** per dose level. The doses of erythropoietin were 25, 50, 100, 200, or 300 IU/kg/d given intravenously for 5 days. . . by 1.7 g/dL from baseline compared with an average decrease of 1.5 g/dL in the previous cycles of chemotherapy without **erythropoietin administration**. Recombinant human **erythropoietin** is effective in ameliorating chemotherapy-induced anemia when **administered** in adequate doses.

=> d 14 370 bib ab kwic

L4 ANSWER 370 OF 384 BIOCOMMERCE COPYRIGHT 2002 BioCommerce Data Ltd.
 AN 0020947 BIOCOMMERCE FS Abstract
 CO Imperial Chemical Industries (ICI) Ltd (98), UK
 Churchill Hospital, The (4245), UK
 Royal Postgraduate Medical School (RPMS) (2148), UK
 Christie Hospital & Holt Radium Institute (6906), UK
 Paterson Laboratories (4585), UK
 Imperial Chemical Industries plc (ICI) (18589), UK
 Christie Hospital NHS Trust (27579), UK
 Imperial College School of Medicine (ICSM) (47061), UK
 SO Nursing Times, 24 JUN 1987, vol. 8325, Page(s) 22-23.
 TC General Review
 AB Review of research on growth factors including interleukin- 2 (IL-2), granulocyte colony stimulating factor (G-CSF), epidermal growth factor (EGF) and **erythropoietin** (EPO) for **treating** anaemia, **cancer** and burns.
 AB. . . Review of research on growth factors including interleukin- 2